

NEW CLIENT FORM

CLIENT #: _____

Full Legal Business Name: _____

Doing Business As (if applicable): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Contact Person: _____ E-mail: _____

Tax Matters Contact: _____ Social Security Number: _____

Telephone #: _____ E-mail: _____

Federal Employer ID #: _____ Year-End Date: _____

Member/Shareholder Name: _____ Social Security Number: _____

Member/Shareholder Name: _____ Social Security Number: _____

Member/Shareholder Name: _____ Social Security Number: _____

Member/Shareholder Name: _____ Social Security Number: _____

Entity's Legal Structure: S Corp. C Corp. Fiduciary Partnership
 LLC Trust Estate Other _____

Would you prefer to review your return before it is e-filed? YES / NO
If so, how would you like to review your return? Email / Fax / Mail / In Office

How did you hear about us? Drive By Mail Phonebook Online Search
 Radio Television B.N.I. Referral by: _____

Once the work is complete, how would you prefer to settle the invoice?

- Automatic Draft Bank Account
 - Bank Name: _____ Checking Account / Savings Account
 - Routing #: _____ Account #: _____
 - ***Draft account - Immediately *or* 1st / 10th / 20th day of month
- Credit/Debit Card
 - Name as it appears on credit/debit card: _____
 - Card billing address: _____
 - City: _____ State: _____ Zip Code: _____
 - Credit Card #: _____ Expiration Date: _____
 - ***Charge account - Immediately *or* 1st / 10th / 15th / 20th day of month

Signature _____ Date of Signature _____

FOR OFFICE USE ONLY

TS/PCS _____ Payroll Tax Report _____

ACT _____ Sales Tax Reports _____

Tax Return Due Date List _____ Wlcm Pkt. Mailed _____

TaxPro _____ Jacket/Perm File Made _____

Business List _____ Server File _____

Personal Property Tax Reports _____